Monroe County Department of Health

Animal Bite/Contact Report - 1 Patient Per Form
To be Completed by Health Care Provider; Not Patient

*Notify MCDOH of All Animal Bites / Contact incidents * Fax Report to 753-6014

Non-Routine Exposures: Bite or Contact with Saliva From Wildlife or Domestic Animal Not Vaccinated Against Rabies. Notify Immediately by Phone: 753-5864 Weekdays (8:30 a.m. - 4:30 p.m.), 274-7970 after-hours & weekends Routine Exposures: Bite or Saliva Contact From Domestic Animal Currently Vaccinated Against Rabies and Individuals Bitten by Their Own Pet. Fax Report to 753-6014.

Patient/Victim Information

Form Completed By (Name, Date & Time):

Address:				
Phone: (H)	(W)	(C)		
Parent Name (If Pt<18):				
County of Incident:	Reported By:		Phone:	
Incident Information				
Date of Bite/Contact:		Time:	a.m. o	r p.m. (Circle 1)
Describe the Incident and Ex	posure:			
Animal Information Owner of Animal:			Phone:	
Species:	Breed:		□ Domestic	□ Wild/Strav
	□ No □ Unknown Animal I			
Vaccination Date: I				<u> </u>
	-	P	hone:	
Was Bite/Scratch Provoked?				
Animal Behavior:	□ Normal □ Aggressive □ Sick	Appearance		
	Prophylaxis Initiated? □Ye			
Private Physician:				
Insurance: Blue Cross/Blue	e Shield Blue Choice Prefer	red Care □ Me	dicaid □ Other	
Plan for Follow-Up Treatmen				
□ Wilson Center Other_				

Disposition of Animal

□ Animal Cannot Be Lo							
□ Animal Died/Destroyed							
	Animal Control or Veterin	arian - Where?					
☐ Animal Confined to P							
□ Specimen Shipped to							
Results: □ Positive	□ Negative	Date:	Lab #				
Notes:							